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City of Long Beach



Department of Parks & Recreation

Acting City Manager
John A. Miranda

Assistant Superintendent of
Parks & Recreation
Paul Ferrante

AQUATIC ARTHRITIS EXERCISE PROGRAM WINTER 2020

REGISTRATION:

\$60.00 Resident
\$65.00 School District Resident
\$70.00 Non-Resident

ADMISSION FEE

FOR NON-MEMBERS:

\$8.00 for Adults/ \$12.00 for Non-residents
\$4.00 for Resident Senior Citizens (60 +)
\$6.00 for Non-Resident Senior Citizens

Schedule of Classes:

	January	February	March
Monday 9:30-10:30 a.m.	6-13-20-27	3-10-17-24	2-9-23-30
Wednesday 9:30-10:30 a.m.	8-15-22-29	5-12-19-26	4-11-18-25
Friday 9:30-10:30 a.m.	3-10-17- 24-31	7-14-21-28	6-13-27

Name _____

Address _____

Phone _____ Age _____ D.O.B. _____

Email _____

Emergency
Name _____

Emergency
Phone # _____

I fully understand that I must abide by all the Rules and Regulations set forth by the Parks and Recreation Department as a participant of the Aquatic Arthritis Program. The Codes of Conduct can be found on the web at www.longbeachny.gov/rec. I hereby authorize and give full consent to the City of Long Beach to use and or publish photographs or video in which I may appear while participating in Parks and Recreation programs and grant permission for publication or use of those images.

I understand that payment is non-transferable and non-refundable.

Signature _____

NO REFUNDS – NO EXCEPTIONS!!

For Rec Use Only: Receipt # _____ Date _____ Staff _____ Posted _____

City of Long Beach



Department of Parks & Recreation

Winter 2020 Arthritis Exercise Program

Arthritis Foundation Aquatic Program

Dear Interested Applicant:

Thank you for your interest in the Arthritis Foundation Aquatic Program. This Recreational Program is conducted by the City of Long Beach Parks and Recreation Department and conforms to the guidelines of the Long Island Division of the Arthritis Foundation.

This program consists of 36 sessions over a 3 month period. This program has a fee beginning at \$60, depending on residency. In addition, pool admission per session will be charged prior to each class meeting. Applicants also have the option to purchase a membership pass to the Recreation Center.

Your physician's consent is requested prior to participation in this course. If you are interested in attending this program, please have your physician complete the consent form.

The form must be completed once every 12 months.

Sincerely,

Paul Ferrante

Assistant Superintendent

Department Parks and Recreation

City of Long Beach



Department of Parks & Recreation

AQUATIC ARTHRITIS EXERCISE PROGRAM PHYSICIAN CONSENT FORM

Patient's Name: _____

Diagnosis (type of arthritis) _____

Please indicate if there are any special precautions or reasons why this patient should not participate in the Long Beach Recreation Aquatic Arthritis Exercise Program:

This patient has my approval to participate in the Aquatic Arthritis Exercise Program

Physician's Name: _____

Physician's Address: _____

Physician's Phone: _____

Physicians Signature

Date